



Credential #: _____

Application #: _____

Investigation#: _____

Received by: _____

Date Received: _____

Confidentiality Waiver

I, _____, hereby confirm that the Real Property Appraiser Board of the State of Nebraska may release and receive documentation/information material to my credential, application, or investigation number _____ to the following individual(s): _____, _____



SIGN HERE _____

Signature

Date

DIRECTIONS

Mail completed form to: **Nebraska Real Property Appraiser Board**
301 Centennial Mall South
Lincoln, NE 68509-4963